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Telling the dead man's tale

Tony Walter

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The western gunslinger knows that 'Dead men tell no tales', but dead men, and women, do tell tales. They tell them in autopsies, in inquests, in spiritualist church meetings and séances; and we tell their tales, often in public, in the register office, in obituaries, in funeral eulogies. How does the mourner make sense of these public/official tales and incorporate them into their own account of the deceased's life and death? And how do those employed to produce these official or public tales go about their, sometimes distinctly macabre, sometimes surprisingly life-enhancing, duty?

Making sense of the deceased's life and death is a need felt by many mourners.¹ They may talk, to themselves and others, at length about the deceased's life,² or recount over and over the details of the death. Bereavement counselling increasingly may include a degree of narrative therapy, in which the client works out a story about the deceased and what the deceased meant to them. The aim of such therapy is not to produce a story that is objectively correct about the past, but one that helps the client get through the present.^{3 4}

This approach to counselling, however, faces a problem. As we have seen, the client is not the only person working up a narrative. Apart from narratives produced by the deceased's other friends and family, there are official or other public narratives – those told in press reports of the death, in obituaries, in funeral tributes, in death certificates and pathologists' reports, in inquests, and occasionally in spiritualist séances. If these public accounts match the client's private narrative or provide useful information that help flesh out the private narrative, then mourning is made that much easier. If the public account disturbs the private narrative, mourning is made that much harder.

In this article, a much abridged version of one published last year,⁵ I sketch the work of those professionals who produce these public accounts, and discuss in whose interests they are working and what this can mean for mourners. This work operates on very different principles from that of the counsellor-client relationship.

Mediator deathwork

Mediators are people who bridge the gap between two different parties or two different worlds. The gap between the living and the dead is huge, especially in a largely post-Protestant and secular English speaking world in which there are no formal religious channels for communicating with the dead (unlike in Catholic countries, or in places like Japan that venerate the ancestors). The work of the professionals who tell the dead man's tales is best characterised as mediation, for these professionals carry messages from the dead, or about the dead, to the living. It is no coincidence that the words 'medium' (she who brings messages from 'the other side') and the mass 'media' (which bring news, often about the dead, to an audience) share the same root. Pathologists too dig around, literally, among the dead to bring news of the cause of their demise; they too mediate between the dead and the living. Funeral celebrants, though they do not actually 'interview' the dead, increasingly these days interview survivors in order to work up a eulogy or tribute, in which the celebrant speaks about the dead. All these professionals are doing what I term 'mediator deathwork', and it is very different from the 'counselling deathwork' with which readers of this magazine are familiar.

Contours

The contours of mediator deathwork are as follows. My examples are from funeral celebrants, pathologists, coroners, and spiritualist mediums (though these last are not normally recognised as 'professionals', they illustrate my argument well).

1. In human societies contact with the dead is often feared and always regulated. Certain occupations and roles are reserved for this dangerous work, and those engaged in it may attract either status or stigma. The modern mediator has a familiarity with the dead, denied to and/or

shunned by the rest of us. The pathologist has a familiarity with corpses; the spiritualist has a familiarity with spirits; the funeral celebrant and obituary writer know how to glean information about the dead immediately after the death when others may not know how to speak.

2. The mediator is instructed to find out about the dead. The corpse awaits the pathologist's scalpel; the funeral celebrant or obituarist is commissioned to write about the dead; the medium opens herself to receiving messages from the other side. Whether they like it or not, the dead are about to be interrogated.
3. The mediator receives information about, or a message from, the dead. The pathologist finds an enlarged liver; the medium hears the name 'Ethel', and feels love; the funeral celebrant talks to family members and gathers information about the deceased's life.
4. The mediator then edits the information into the form expected of him/her. From the enlarged liver, along with information about the deceased's lifestyle, the pathologist diagnoses alcohol poisoning. The medium concludes that this is Ethel's continuing spirit on the other side and that she is sending love to those on the earth plane. The funeral celebrant writes a personal tribute, encapsulating the deceased's life and character.
5. So far, the mediators have been working in private – the celebrant interviewing the family, the pathologist conducting the autopsy, the medium silently communing with the other side – but must now (and in the spiritualist's case, in a matter of micro-seconds) turn themselves into stage performers. They must perform their edited story in a ritual setting: the pathologist is interrogated by the coroner in a public inquest, the celebrant must perform the tribute at the funeral, the medium must pass the message on to the congregation in the spiritualist church or to the sitter in the séance.
6. In each case, the public rite is potentially tricky. The pathologist's diagnosis may be challenged; the celebrant must perform a tribute recognizable by all those present at the funeral, including ex-spouses and workmates as well as the family members s/he has interviewed; the medium's message may not be 'taken' by the sitter. In each case, the authority of the mediator is vulnerable.
7. The public rite is tricky not only for the professional mediator, but also for others present. At the inquest after a road traffic accident, the little boy's family find themselves within touching distance of the driver whose car killed him; at the funeral, wife and mistress meet for the first time; in the spiritualist meeting, some in the congregation are sceptical. Inquests and funerals can be highly charged, so the professional mediator needs to be skilled emotionally as well as in the more cognitive area of marshalling and presenting evidence.
8. After the public rite, members of the audience may go through the mediator's performed story informally with each other. Whereas for the mediator the case is now over, this is not so for mourners. If the coroner seeks closure in the form of a verdict as to cause of death, mourners need information about the death 'in order compose the last stage of the deceased's biography and to map that narrative onto their own continuing biographies'.⁶ For them, this is a continuing process. One counselor accompanied two parents to the inquest of their dead child so 'they could check out with me whether their memory was similar to mine of what was said and what was done'. Funeral tributes may give permission to mourners to continue talking about the deceased in more informal settings in the days and weeks to come. In the UK, after Humanist or civil funerals, the celebrant normally hands the family a written version of the tribute; according to one experienced celebrant, some families have used this as a starting point to develop their own scrapbook of memories. On my first visit to a spiritualist church, I was accompanied by a friend who chose to take notes when I was picked out by the medium; afterwards, she gave me the notes so I could remember what the medium had said and we discussed it together. Mediums often tape record private sittings for the sitter to take away afterwards.
9. Finally, the focus in both the private gleaning of information and the public performance of the edited story is not the bereaved, but the deceased. As Davis et al note of the inquest, 'The deceased is the focus of the proceedings, rather than being a shadowy figure in someone else's story.'⁷

In sum, the process is one in which information flows from *the dead* → *the mediator* → *public rite*. This triadic relationship between the dead, the mediator, and a public performance is very different from what happens in most bereavement counselling: *client* ↔ *counsellor*. (→ refers to a one-way flow of information, ↔ to a two-way flow.) Other kinds of professional deathwork, outlined in my longer article, include intercessory deathwork (praying for the dead), barrier deathwork (protecting the living from the dead), and witness deathwork (facilitating the relationship between the mourner and the deceased) - this last being practised by a number of counsellors.

Often the flow of information in mediator deathwork has more than three stages. The public rite of the inquest may determine that the deceased committed suicide, but this is not the end of the information flow. The verdict is then reported in the local newspaper, which is then read locally, and the news filters down into the school playground, where the deceased's seven year old boy learns the news that shatters the story his mum told him of how his dad died. Private stories that make sense of the death may have to come to terms with official stories.

Skills

The skills and values required of counsellors and therapists are appropriate for their particular dyadic relationship with the client. 'Active listening', 'empathy', 'unconditional positive regard' and 'confidentiality' are the norms by which the therapist relates to the client. Such norms are relevant to mediator deathworkers in so far as they have to relate to mourners, but they are peripheral to their main task, namely relating to a dead body, a dead person, or a dead spirit. A funeral celebrant who listens actively to the feelings of the surviving members of the family, but doesn't get to the heart of what made the deceased tick, is not going to produce a good funeral. An obituarist who is empathetic but gets his facts wrong may lose his job. So, what values and skills do mediators between the dead and the living require?

First, they do need to show unconditional positive regard - to the dead. Showing respect to the dead is at the heart of mediator deathwork. The pathology professor instructs his students that, however indigent and drug-addicted the deceased may have been, throughout the autopsy they are to treat the corpse with respect.⁸ Funeral celebrants need to take such an interest in the deceased that they get to feel they actually knew them. At the end of an inquest or funeral, mourners will know that this death was taken seriously by the coroner or celebrant - a symbol that society takes this death, takes any death, seriously.⁹

Second, mediators need to be competent in gathering information, marshalling evidence, drawing conclusions from that evidence (about the cause of death, the deceased's character), and presenting it. This ability to marshal evidence and draw conclusions is more akin to what scientists do than to what therapists do. It is rational, cognitive labour rather than emotional labour¹⁰ - though death mediators also need to do emotional labour in the presence of mourners who are massed together in an unpredictable emotional mix. But holding the emotions of such a diverse crowd needs more the skills of the actor than of the therapist.

Unlike narrative therapists, mediator deathworkers seek to construct a story that 1) all present can recognize, a story that can 2) go on the public record and 3) stand the test of time. (These three aims can be contradictory, which is why the story does not always satisfy all parties and the occasion can be stressful.) It is the story's very public authority that may be helpful for mourners in validating the deceased's life and death - or unhelpful if they cannot integrate it into their own more subjective, private stories.

Third, mediators need to be able to perform on a stage, to project their voice, to hold an audience, while keeping their own personality out of the performance. Of the two full-time marriage and funeral celebrants I interviewed during a visit to Australia in 1987, one had previously been his town's mayor, the other a journalist; each knew how to produce and edit a story to a deadline, and to perform it on stage.

None of these skills are core to counseling/therapy, indicating how different mediator deathwork is from counseling deathwork. This is not to say that a public telling of the dead (wo)man's tale may not be therapeutic for mourners. But it will be therapeutic only if therapy is a side effect rather

than the aim, and if two conditions are met that are very different from the therapeutic encounter: that the focus be on the deceased, not the bereaved, and that the story be public and/or official.

In whose interests?

Mediator deathworkers vary in who they are working for. Pathologists (when conducting coroner's post-mortems), coroners and registrars are commissioned by the state to find and record the deceased's identity and the time, place and cause of death. Their job is essentially legal/medical/bureaucratic. They are not paid to help the bereaved family. That said, many of them go beyond their core duty and go out of their way to provide information to the family with sensitivity, or (in the case of registrars) allocate half an hour for the informant to talk about the death when ten minutes would be ample to extract the legally required information.

Others, though, can appear notoriously unfeeling. Families can be upset by a coroner who speaks in legal jargon or who mumbles, leaving them less rather than more clear why the person died. The Alder Hey and related scandals, in which pathologists retrained children's organs without gaining parental consent, led to distress among thousands of British parents.

It is arguable whether pathologists and coroners should be required to take account of the family's as well as the state's interest in gaining information about the death. There is much merit in this argument, but it too can be abused. I think of an inquest in which the coroner gave a verdict of accidental death in order to protect the family, but the train driver left the court totally confused and unable to create any sense out of his trauma: he knew a suicide when he saw one just yards ahead of him on the tracks. Maybe the coroner helped the family's grief, certainly he helped their standing in the local community, but he made the train driver's grief that much more traumatic.

The funeral celebrant is commissioned and paid by the family. But s/he has to produce a story that works not just for them but also for friends, colleagues and neighbours. Different family members may have different perceptions of the deceased. Some may idealise the deceased; others may be glad he's gone. Yet everyone in the funeral has to recognise the picture painted. Not an easy task, which is why funeral celebrants receive considerable thanks when they get it right. One merit of the traditional Christian funeral, concerned to pronounce forgiveness of sin rather than to celebrate a life lived, is that no such supposedly definitive picture need be painted. Each member of the congregation can read what they individually like into 'Forgive us our sins, as we forgive those who sin against us.' For better or for worse, talk of sin and worms has largely gone, even from Christian funerals, and celebration is what many now want. And celebration requires a narrative, not about Christ but about the deceased.¹¹

Working together

I hope this article has clarified for bereavement counsellors how public and official stories about the dead are produced (I have not considered here the news media^{12 13 14}), and how these stories can help or hinder mourners in working up their own story.

In Britain, the preliminary ten week course that CRUSE runs for potential volunteers may include sessions led by clergy, a coroners officer, or other mediator deathworkers. At the same time, there can be input by a bereavement counselor into the training of clergy, doctors and coroners. These interactions help clarify to each other the particular work of counsellors and other professionals. I hope that this article has further clarified the different principles on which counselling deathwork and mediator deathwork operate, and that this in turn will aid co-operation between the various professions involved.

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